

Mosuela, »Warm heart and warm hands«

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»Warm heart and warm hands«

The case of Filipino migrant nurses in Germany

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Nurses are progressively on the move around the world and work in hospital systems different from those in which they have trained, shifting their working practices across contexts and cultures. As some highly industrialized countries, i.e., Germany and Japan, increasingly turn grey, creating more demands on health care provision, nursing skills are more highly sought. Given the increasing globalization of care work, varying notions of care intersect (Raghuram 2016). Although there is a wealth of literature on the migration of care givers (domestic workers, nurses, care assistants, doctors, teachers), what exactly this means as regards the different meanings of care that the caregivers bring with them has yet to be examined (ibid.). Rather, care is seen as constant and the same everywhere (ibid.). Little attention has been paid to the varied understandings of care, which shift in relation to historical and cultural contexts (Nguyen, Zavoretti, and Tronto 2017).

Nurse migration is nothing new and it has become an archetype for the global competition for skilled work, sometimes referred to as talent and human capital. Such capital refers to »the physical and intellectual capacities embodied in human bodies« (Goodin 2015, 16), or »in economic terms, educational attainment, work experience, language proficiency, and individual talents« (van Tubergen 2006, 85). This positive attribution, however, seems incompatible with nurses' daily task of facing the »negativities of the body—dirt, decay, decline, death,« which care work deals with (Twigg 2000a, 393). At the same time, the care sector, with occupations avoided by natives—for example, dirty and difficult jobs—depends heavily on the supply of immigrant labor (ILO 2010). In the absence of migrant

workers, the sector would possibly have to deal with severe shortages of labor or sharp increases in labor costs (ibid.).

The article, therefore, is concerned with how migrant nurses are situated in the increasing globalization of care work and how they embody both the positive and negative aspects involved in this profession across borders. Empirically, the paper illustrates the experiences of Philippine-trained nurses in hospital environments in Germany in terms of their understanding and delivery of care and interaction with their patients and colleagues. How do those knowledges of giving and receiving care in the Philippines influence how nurses care in a migratory context? How are »pre-migration configurations of care« given meaning, and to what extent do they shape Filipino migrant nurses' understanding and delivery of care in German hospital facilities (Raghuram 2012, 160)?

The data is analyzed through the concept of »body work.« My usage comes closest to Julia Twigg and colleagues (2011a), who characterize body work with direct work on the bodies of others: evaluating, analyzing, touching, nursing, and observing bodies. It is a fundamental component of health and social care, yet has been obscured in the narratives of the sector (ibid.). I would argue that performing the corporeal dimension of nursing care becomes a critical point of defining care work. On the one hand, demonstrating a warm heart and warm hands, nurses use their bodies to be able to make positive contributions to the patient's quality of life. On the other hand, the patient's body is the immediate site of hard physical labor that involves close, intimate, and often messy work (McDowell 2009).

Filipino migrant nurses are confronted with language constraints and differences in care work practices, for instance performing bedside care, feeding, washing, and cleaning the body of the patient, and positioning a paralyzed patient correctly in bed. Given the structural adjustments Filipino migrant nurses need to make, performing body work gives them access to their pre-migration configurations of care while contributing to their integration in the host society. »It is in the dynamics of the care encounter that the nature of what is produced is defined; production and consumption collapse into one another« (Twigg 2000b, 1). Care, therefore, is relational

and dynamic (Raghuram 2016). Hence, this article intends to examine the elements involved in care work, body work, and cross-border migration as they cohere in the embodied practices of migrant nurses trained in the Philippines, particularly those toiling in German health facilities today.

The discussion contributes to the current literature on the emigration of Philippine-trained nurses, which has been historically well analyzed by Choy (2003) and Brush (1995) and the mechanism of which has been comprehensively scrutinized by Guevarra (2003, 2010) and Rodriguez (2010). Recent literature focuses mostly on the broader contexts of the politics of care work, for instance, the embeddedness of the Philippine nursing curriculum within a global nursing care chain (Ortiga 2014) and issues of race and nationality in care work (Amrith 2017). The case of Philippine-trained migrant nurses in Germany resembles, to a certain degree, the ethnographic account of the experience of Filipino nurses in a public hospital and a nursing home in Singapore. The interactions between migrant medical workers and their multicultural patients bring to light broader social and political inequalities (ibid.).

Therefore, shifting the focus from the production of nurses and the larger constitutive structures to the Filipino migrant nurses themselves performing body work allows for a nuanced view of the labor migration process and highlights topics of importance to the people involved, particularly their agency, such as migration decisions, adjusting well to the new workplace in a different society, and »othering.« The case study also offers a glimpse of a changing transnational space. Between 1969 and 1973, West Germany received a steady supply of nurses from the Philippines, mainly through private recruitment agencies in the source country: 54 nurses in 1969, 1,090 in 1970, 980 in 1971, 901 in 1972, and 400 in the first four months of 1973 (Hong 2015, 257). However, it was earlier reported that West Germany would have favored an agreement with the Philippines as regards recruitment of nurses and a more active role of the sending state to better regulate the selection of qualified women. German officials regarded the Catholic culture in the Philippines, its understanding of the Western lifestyle and English language fluency as assets that would set their nurses apart from those from neighboring countries (ibid.). The

current bilateral agreement with the Philippines is a novel enterprise for Germany in that it is the first symbolic effort to pursue a project that not only overtly attempts to enact a triple win, but also to import nursing skills yet again. Although some nursing establishments are experiencing staff shortages, overseas recruitment does not seem to be a preferred approach because the convoluted process is too expensive to go through and involves several legal impediments. In spite of this, bigger firms have sought employees from abroad more often, mostly from other EU member states. A few have engaged in recruiting third-country nationals (Bertelsmann Stiftung 2015).

The analysis begins with a literature review of the intense production of nursing skills in the Philippines, whereby cross-border migration and global market forces have become the gauge for expanding the production of such skills. The discussion reveals the embedding of nursing skills in transnational spaces and in turn, nursing skills have become marginalized in the country, yet highly sought overseas. Most nurses trained in the Philippines have opted to take advantage of their sought-after skills. A methodology part follows. The third section examines the cultural aspects (Choy 2003) of how Filipino care work has been portrayed today as an amalgam of professional advancement (obtainable across borders) and cheap and vulnerable labor. The significance of taking into consideration the source country setting reveals how cross-border labor migration has been understood as the end goal for both personal and career growth and becoming a nurse as a means to achieving it. The paper ends with a discussion of the corporeal adjustments Filipino migrant nurses make in German hospital facilities and how such shifts distinguish their body work.

The commodification of Filipino care work

The Philippine labor export mechanism and the gendered Filipino cultural and social dynamics in relation to nursing skills are mutually constitutive (Guevarra 2010; Rodriguez 2010). The sociocultural phenomenon of out-migration of workers from the Philippines has certainly singularized the country and regulated Filipinos' conduct and ambitions (Guevarra 2010). Numerous scholars and international organizations in the cross-border

migration field, including government agencies, have expressed their sentiments on the almost 50-year governance of cross-border migration from the Philippines. Many of these actors frame the apparatus as the governance model to emulate by other Third World labor-exporting countries. Through in-depth ethnographic analyses of the phenomenon, Guevarra (2003, 2010) and Rodriguez (2010) expose a labor-brokering mechanism enabled by the Philippine state. Both acknowledge the country's colonial history, particularly as related to the United States colonial labor system, which laid out the blueprint for generating this kind of labor export economy as an expression of »neoliberal governmentality« in managing the population of the Philippines (ibid.). The authors claim that the establishment of a US-modeled educational curriculum and accessibility of educational prospects and training in US schools signify the perception of Filipinos as educated and ideal global workers. In addition, the migration of US-trained Filipino nurses to American hospitals gives a clear illustration of the historical legacy of colonialism by establishing public health nursing in the islands which enabled the formation of an expedient cheap workforce to provide the needs of an imperial power (Brush 1995).

Filipino nurses constitute a segment of the overseas Filipino workers (OFWs) whose cross-border movement has been regulated by the country's labor export policy. The cross-border migration of Filipino nurses is one expression of increased international mobility generated by the significant processes of global streamlining characterized by the amplified demands for services in high-income countries along with the transfer of production to developing countries (Choy 2003, 2). Because the Philippine state has sought to recalibrate in relation to the dynamism of global markets since the mid-1990s, it has shifted its focus to higher skill- and knowledge-based categories of jobs from the usual market for domestic helpers, entertainers, and seafarers (Guevarra 2010). The state has adopted a deliberative calculation as to demarcating which populations are beneficial to attract global markets. This strategy of governing is applied to a particular type of worker, i.e., nurses, a group within a nation that is subjected to, and subjects of, the free play of market forces or global

capital. The approach has been highly responsive to the challenges of transnationality, thereby positioning the state as an exporter of its citizens, particularly nurses, as preferred labor to the global market (Rodriguez 2010). This move to the production of educated subjects is not only an enduring national program to professionalize the image of the labor export strategy embraced by the Philippines (Guevarra 2003), it also corresponds to the goal of encouraging self-actualizing subjects who can compete in global knowledge markets. In comparison to other source countries in which individual factors prevail in the outflow of skilled workers and/or nurses, the Philippine state's proactive labor export policy drives elevated levels of recruitment from industrialized destination countries (Buchan 2003). In 2002, former Labor Secretary of the Philippines Patricia Santo Tomas was once quoted as saying that Filipino nurses are »the new growth area for overseas employment.« She boldly said, »we won't lose nurses. The older ones, those in their mid-40s, are not likely to leave. Besides, the student population reacts to markets quickly. Enrollment is high. We won't lack nurses.« (Migration News 2002)

Consequently, there has been a proliferation of colleges offering nursing courses; from only 40 in the 1970s to 170 in the 1990s to 491 in 2012 (Rep. Samaco-Paquiz interview, January 26, 2015; Recto 2011; Cheng 2009). The nursing curriculum has been geared toward the preferences for clinical and specialized skills of destination countries (Dimaya et al. 2012, 3; Ortega 2014). At the turn of the twenty-first century, nursing has become one of the top career choices for students in the Philippines as demonstrated by a fifteen-fold increase in enrollment from only 30,000 to 450,000 in a span of seven years (Commission on Higher Education 2007 in Recto 2011). Nursing education in the country is financed privately, which clearly shows that parents or individuals rather than the state invest in education for foreign labor markets (Pring and Roco 2012). However, the global demand for Philippine-trained health workers has generated a »serious burden« for nurse educators to cater to irregular labor demand overseas (Ortega 2014, 69). This process has eventually become a factor in the deterioration of professional values and standards that characterize the nursing profession in the islands (ibid.).

Private recruitment agencies, whether registered or not, have also sprung to benefit from the growing demand for nurses trained in the country. In 2014–15 Philippine Overseas Employment Administration (POEA) statistics, nursing professionals were the third-largest land-based occupational group to be deployed, numbering 18,799 in 2014 and 22,175 in 2015.¹ The Philippine state has become the leading exporter of nurses, with 85% of Filipino nurses working in 50 countries (Lorenzo et al. 2007). According to a 2010 Organisation for Economic Co-operation and Development (OECD) report, nurses born in the Philippines represent 15% of all immigrant nurses in the OECD countries. Approximately 16,000 physicians and 110,000 nurses born in the Philippines are employed in Europe and North America (OECD Observer 2010). Since the 1960s, the Philippines has steadily supplied nurses to the United States (Brush and Sochalski 2007). For several decades, Saudi Arabia has recruited Filipino nurses while the United Kingdom, the Netherlands, and Ireland have been involved in this more recently (Lorenzo et al. 2007). In recent years, 75% of Philippine-trained nurses have left the country each year to the Gulf States to undertake short-term contractual employment and return or relocate to another country after the termination of their contracts. There are no statistics on the return of nurses to the Philippines (Abella 2012, 9).

The Philippine state has been proactive in its approach of forging bilateral agreements as regards placing Filipino nurses in health care facilities overseas (ILO Policy Brief 3). As the POEA declares, »we are marketing capabilities and merits [of Filipino nurses], that's why [Germany] was able to reach the Philippines [in its search for labor/human capital/talent]« (interview October 13, 2014). Such bilateral labor agreements or Memoranda of Understanding (MOUs) serve as an important »policy tool to manage migration« (Makulec 2014, 3) to harness the development potential of migration, thus of Filipino migrants. Bilateral agreements are intended to serve three purposes: regulating the recruitment process,

1 POEA, »POEA Overseas Employment Statistics, Deployed Overseas Filipino Workers 2014–2015,« accessed Oct. 7, 2017, <http://www.poea.gov.ph/ofwstat/compendium/2015.pdf>.

stipulating the mechanism for the protection of migrants' rights, and counteracting the negative consequences that an outflow of nurses would create (ibid., 33). However, many of these agreements remain on paper and lack proper implementation due to changes in policy priorities or political contexts in the destination countries, for instance Bahrain, Spain, and Norway (ibid.). Negotiations and implementation of bilateral agreements are within the realm of the POEA, a major governing body in the Philippine labor export mechanism.

The role of the state has become that of a manager of overseas employment. As the report from the Department of Labor and Employment (DOLE) stated:

Many people see opportunities abroad and want to benefit from them. And there are labor-market gaps in the global economy that are best filled by labor migration. The challenge to Philippine policy-making today is not one of exporting the country's labor surplus; it is *managing effectively the natural process of labor migration*—which will continue even if we ban the outflow of our workers. (DOLE 1995 in Guevarra 2003, 5; emphasis added)

The state oddly maintains that opportunities abroad are inherent processes of globalization and that the yearnings and ambitions of Filipinos to work overseas are instinctive responses (Guevarra 2003). As an art of government, the Philippine state has made cross-border labor migration a means which the country would gain from, thereby turning the migrant labor population of an average of 10 million across the globe into a vehicle of economic growth (Camroux 2008). The enactment of Republic Act 8042 or the Migrant Workers and Overseas Filipinos Act of 1995²

2 A significant event prompted its passage. In 1995, Flor Contemplacion, a Singapore-based domestic worker, was executed by the Singaporean administration for allegedly killing another Filipina domestic worker and the child in her custody. Contemplacion's hanging infuriated Filipinos everywhere, who believed that the Philippine government could have intervened on behalf of Contemplacion because she was a Filipino citizen and a migrant worker who is one of the country's so-called »new national heroes.« Following some mass protests, Philippine lawmakers were impelled

(later amended by Republic Act No. 10022, which took effect in 2010)³ has legitimately transformed cross-border labor migration from a transient to a permanent phenomenon in the country. It is an »act to institute the policies of overseas employment and establish a higher standard of protection and promotion of the welfare of migrant workers, their families and overseas Filipinos in distress, and for other purposes« (ibid.). This Act has been recorded in the Global Forum on Migration and Development Platform for Partnerships (PfP) as one among 869 migration and development policies and practices collected from around the globe.⁴ As stipulated in the Act, policies of overseas employment include »pre-employment orientation that permits five accredited NGOs to offer courses on entrepreneurship, business, and financial management. The NGOs are supposed to promote and protect migrant workers' rights (GFMD website).« The Act has significantly delineated the relationship between the state and its citizens overseas (Rodriguez 2002). Former Labor Secretary Patricia Santo Tomas once said, »overseas employment is a choice made by individuals. We don't push them. But once they leave for overseas, the government is duty bound to assure that their contracts have ample provisions for their protection« (Pring and Roco 2012). One of those provisions is the creation of a central governing body called the Philippine Overseas Employment Administration (POEA).

Interestingly, the same Republic Act claims that overseas labor deployment is not »an official development strategy« although the Philippine state has launched several programs to maximize the gains of overseas employment. By instituting legislation aimed at enabling OFWs and their families to direct the recipients of their remittances to enter into entrepreneurship

to critically address the forms of rights and protections the state should extend to its citizens overseas (Rodriguez 2002).

3 Department of Labor and Employment Labor Communications Office, memorandum, Aug. 4, 2010, <http://hrlibrary.umn.edu/research/Philippines/Omnibus%20Rules%20and%20Regulations%20on%20Migrant%20Workers%20Law.pdf>.

4 GFMD, »Migrant Workers and Overseas Filipinos Act of 1995,« accessed July 20, 2017, <https://gfmd.org/pfp/ppd/67>.

or invest in small and medium-scale businesses (Villegas 2012; Tabuga 2007), the state has extended its role to tapping personal/household remittances, in the name of economic development. The 2001–04 Medium Term Philippine Development Plan regards overseas employment as a vital source of economic growth (Aiken et al. 2004). OFWs thus have been constituted by the Philippine state as significant economic development agents. It is in the hands of OFWs—or so to speak, in the proper management of remittances—that the social costs of migration can be addressed or mitigated. The state disciplines OFWs as certain kinds of citizens—who are flexible workers for the global economy, who pay taxes to the homeland, and religiously send remittances to their families in the Philippines (Rodriguez 2002), thereby creating and perpetuating various transnational spaces.

Methodology and positionality

This paper partly draws on the data gathered (2014–16) for a long-term ethnographic study of the case of contemporary recruitment of Filipino nurses to Germany within the framework of a bilateral agreement also known as the Triple Win Project. The agreement, originally signed on March 19, 2013 and expected to last until December 2014,⁵ claims to produce three-fold benefits: the nursing shortage in Germany is offset; the unemployment rate of nurses in the Philippines is trimmed down; and the remittances to be sent by »Triple Win migrant nurses«⁶ and their transfer of knowledge contribute to the development in the Philippines.⁷ The agreement is the first of its kind to bring the current (normative) debates on nurse migration and the renewed enthusiasm for the dynamics

5 The initial agreement of 2013–14 has been extended until 2018, as announced on the program website.

6 »Triple Win nurse migrants« is the term I use to refer to those Filipino nurses who have been placed with German employers through the Triple Win Project.

7 GIZ, »Sustainable Recruitment of Nurses (Triple Win),« Triple Win program website, accessed Aug. 22, 2017, <https://www.giz.de/en/worldwide/41533.html>.

between migration and development into a single framework of migration management. Achieving the ambitious claims of the Triple Win approach goes hand in hand with a highly restrictive and lengthy procedure, from screening applicants to integrating Triple Win migrant nurses. Nurse candidates must undergo German language training (from A1 to B1) in Manila, overseen by the Triple Win Project coordinators, for at least six months. Other procedures such as screening, selection, matching with an employer, and visa issuance, take another six months at least, according to some applicants who have expressed their dismay at the long duration of the process. Throughout the placement procedure, the nurses' application process was managed by Triple Win Project coordinators, namely the *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ or the German Association for International Cooperation) and the *Zentrale Auslands- und Fachvermittlung* (ZAV or International Placement Services) representing the German state and the Philippine Overseas Employment Administration (POEA) acting for the Philippine state (Triple Win *Bewerberinformation* [applicant information] 2013, 1).⁸ Filipino nurses' cross-border movement is envisaged by the Triple Win Project coordinators working on the assumption that cross-border skilled migration can ultimately lead to development. Underlying this assumption, however, are different ideas as to what is involved in the process of development (which is discussed in detail in my PhD manuscript).

At the time of writing, the latest report⁹ says a total of 584 nurses were selected for the project (222 in the first round and 362 in the second round, the dates of which are not disclosed). Among these screened applicants, a total of 66 Filipino nurses (40 female, 26 male)¹⁰ out of the

8 GIZ and Bundesagentur für Arbeit, »Triple Win Bewerberinformation [applicant information],« accessed Sep. 10, 2013, <http://www.poea.gov.ph/twp/files/Triple%20Win%20Philipinen.pdf>.

9 POEA, »Triple Win Project Update,« report as of Sep. 4, 2016, <http://www.poea.gov.ph/twp/TWP.html>.

10 The main web page of the project reports 55 who have passed the recognition exam, however, careful review of the list of names shows the total at 66; POEA, »Triple Win Project: List of Nurses Who Passed the

170 who have been deployed to 25 hospitals/facilities passed the recognition exam in Germany. 18 were assigned in Hesse, 31 in Baden-Württemberg, 15 in Bavaria, one in Lower Saxony, and one in Berlin; 307 are still in the Philippines taking German language classes and undergoing an employer selection process. There are 16 more employer hospitals participating in the project.¹¹ The process of recognition means their university degrees have been recognized by the authorities, they speak German fluently, and they have earned the title *Gesundheits- und Krankenpfleger/in* (nurse). With this title comes an increase in monthly salary from EUR 1,900 gross to EUR 2,300. The recognition process takes one year upon the arrival of Filipino nurses. Within that year, they work with a trainee buddy who helps them familiarize themselves in their new work environment.

I have drawn on an eclectic mix of sources from multiple sites because analyzing a cross-border recruitment process necessitates a methodological investigation of transnational connections. Multisitedness concerns itself with the study of social phenomena that can only be unraveled by following people, associations, constellations, and relationships through time and space (Marcus 1995; Falzon 2009, 1–2). However, as will be explained toward the end of this section, »following the same nurses« proved to be difficult given the unanticipated slow pace of recruitment. Multisite research analyzes multiple kinds of empirical data (Clarke 2005, 146) from fieldwork in ethnographic mode and from policy documents, organization reports, and research produced by local and international experts and Triple Win Project coordinators.

Particularly relevant for the analysis in this paper are the semi-structured interviews with 29 nurse candidates (in different stages of the selection and hiring process), ten Triple Win nurses (those who have been placed

Recognition Exam,« accessed Sep. 13, 2018, http://www.poea.gov.ph/twp/files/twp_rec_exam_passers.pdf.

11 The number stands in contrast to the 130 participating health care facilities, according to the ZAV, some of which have nurse positions yet to be filled (interview October 8, 2015).

in German health care facilities), eight stakeholders (representatives of professional organizations and trade unions also involved in monitoring processes of the Triple Win Project, as well as language schools), and ten local and international experts or who have done particular research or advocacy, or have business endeavors in the entangled areas of health, labor, and migration. Unfortunately, hospital managers declined requests for interviews. To fill this gap, I turn to experts who conducted a survey among care institutions around Germany. They provided some of their materials (i.e., publications and power point presentations) useful for this research. In other words, I pursued a methodological investigation of transnational connections brought about by cross-border recruitment.

Initial contacts were established through online communication (including social media) or face-to-face interaction at language training courses and orientation programs. I followed an ethical protocol upon entering the fields through seeking permission for interview, informing key informants of the purpose of the research, and providing them with the interview guide when necessary. The anonymity of respondents is guaranteed; names of interviewees have been changed.

Being a Filipino living in Germany greatly facilitated my interactions with the Triple Win nurse candidates. Some of the nurse candidates were quite pleased that the current dire situation of their profession was given some research attention, although some nurses were a bit wary that our conversation could potentially affect their applications. To my surprise, a few even felt the need to consult the recruitment agency about having a chat with me. Those who kept an open mind to research talked about their motivations for applying to the project and/or working overseas, their experience of and preparation for the recruitment process, and what they considered for an overseas application. Because of the nurse candidates' intention to move to Germany, my knowledge of Germany and the nurses' expectations created some »conversational space« (Pezalla, Pettigrew, and Miller-Day 2012, 166). Nevertheless, in my interaction with them, I retained my position as a learner making an effort to perceive their experiences and understandings from their own point of view (Pezalla, Pettigrew, and Miller-Day 2012). Interviews with Triple Win

nurses revolved around general personal information, migration background, host country and workplace context, transnational activities, personal adaptation to host and transnational contexts, reflections about career and moving overseas, and career plans. At the time of the interviews, most of the nurses had just passed their recognition exam and subsequently been granted a three-year residence permit. Some had already moved from one department to another within the same health care facility. Although I intended to follow the nurse candidates from their application to employment, time did not permit this, mainly due to the slow progress of their applications. Some of the nurses described it as a journey testing their patience and grit.

All in all, ethnographic and secondary data obtained through a multi-sited transnational methodology are used to capture the existing intersecting discourses and realities underpinning the social, political, and to some extent historical contexts, in both emigration and immigration, of the case under consideration.

Pre-migration configurations of care

For me, as a professional nurse, your career will not be complete unless you work abroad. On my own experience, I've been in Saudi Arabia for 2001 up to 2002, wherein I worked as a Critical Care Unit nurse. So there is a satisfaction and fulfilment on your part as a nurse if you will be working outside of the Philippines. But the real essence of nursing is not really going abroad because for some, nursing is not just a profession but a vocation, so meaning this is a calling [...] the cap is placed on their head, meaning your duties and responsibilities should be above your personal things. Because there will be time you have to work 24/7, so meaning, we don't have the usual weekdays off and holidays. So even though there's holidays, typhoon and calamities, but we need to work, still to report to our work. But for some nurses who really want to look for a greener pasture, they're really looking for a place where they can practice and where they can excel and render their tender, loving care because we all know that Filipino nurses are known for

their tender, loving care. And based on the PNA [Philippine Nurses Association] road map, nursing is the best for Filipino and the choice for the world. Meaning there are really nurses who are taking up nursing as a profession because they really love to go to abroad because they want to earn greener pasture. [So there's a mixture of professionalism and personal choice. So for others, that is a fulfillment of their profession once they practice abroad and earn more than they should earn in the Philippines. (Philippine Nurses Association interview, October 28, 2014)]

The Philippine Nurses Association (PNA) in the quote above unambiguously encapsulates what needs to be unpacked in the seemingly commonsensical beliefs being perpetuated in the islands and across borders: nursing skills being equated with Filipinos; nursing as a fusion between profession and vocation; and that any Filipino who chooses to take up nursing as a profession can succeed anywhere around the globe because of their innate abilities in caregiving, which are sought after. Understanding the context such discourses emerge from and how they are instrumentalized not only opens up, but also fuels the underlying fabrics which are often taken for granted: cross-border skilled migration has become a necessity and acquiring nursing skills is one of the means to achieve it; nursing skills serve as a passport and tangible hope to moving overseas and up the social ladder; and paradoxically, the same skills are regarded as expendable and exploited within the health care system in the country.

Many of the Filipino nurses I interviewed, especially those who are now in their 40s and 50s, recalled that the concept of »calling« formed their decision to pursue becoming a nurse. The purity of the white uniform a nurse wears on duty carries a highly symbolic presence. What is more, these nurses make it their vocation to care for the sick. Calling refers to »a deep desire to choose a task which a person experiences as valuable and considers her own« (Raatikainen 1997, 1112). The caring ingredient embedded in nursing, symbolized in the concept of calling, intensifies the understanding of nursing as a profession equipped with skills transferable across borders, regardless of the degree, and contributes to a moral impetus to the practice of nursing (McNeil-Walsch 2010, 190).

Caring in the context of nursing in the Philippines has been essentialized, even institutionalized, through the image of a professional nurse being promoted overseas. »Filipino care« has been implicitly equated with innately possessing a comparative advantage because of their caregiving skills and (English) communication skills. An additional component to these celebrated *natural* abilities is being flexible because

definitely, Filipino nurses can easily adjust to different situations. So that's the good thing about us Filipinos is our adaptability because since in the Philippines there are mixed cultures, regionalism. So if you will be working, you can easily adjust to every situation. It will not be difficult. (PNA interview, October 28, 2014)

The PNA claims that a Filipino nurse is »*the best and the choice for the world*« because since time immemorial if there are countries needing nurses, they really want to get Filipinos because Filipino nurses are *very much patient* when it comes to taking care, they are *very much hard working and dedicated*« (ibid.; my emphasis). These discursive representations, referred to as »added export value« (Guevarra 2010, 11), give Filipinos an edge over other »Third World« subjects in the global market. In general, Filipino workers' value of labor power is an explicitly racialized form of flexibility (ibid.). Filipino workers become subjects who emerge »precisely as someone manageable [...] [as] someone who is eminently governable« (Foucault 2008, 270), and, as migrants themselves claim, profitable.

In addition, gender has been an invaluable resource for global capital. The phenomenon of Filipino nurses' emigration in the postwar era (1965) instigated the feminization of the contemporary overseas Filipino workforce, the majority of whom are domestic workers while some are entertainers or sex workers (Choy 2003, 188), whereby female workers exceed the emigration of male workers (Guevarra 2010). The cross-border migration of Filipino nurses also signifies the creation of a gendered workforce in the global system (Choy 2003).

In reference to the quote at the beginning of this section, the positive image of being a Filipino nurse has been reinforced by the PNA by preparing nursing students to become globally competent, competitive,

and instilled with the values of being a Filipino (PNA interview October 28, 2014). The association expects every Filipino nurse knows and practices »the caring rule: tender, loving care,« which makes them unique and sought after all over the world. For the PNA, the prominence of Filipino nurses contributes to and impacts global health care outcomes by raising the standards and performance benchmarks (ibid.).

For some nurses, particularly those born in the 1980s, the decision to take up nursing as a profession was driven by a collective decision with the family. Some have asked for advice from relatives who are trained nurses themselves and have worked overseas. Closely related to this idea is a pragmatic reason—nursing provides an opportunity to both train and earn a decent wage overseas, which presents another opportunity for upward social mobility and for feeding one's family. Practicing nurses are vulnerable to receiving inadequate wages, and some hospitals do not implement the starting salary grade 15 of PHP 24,887 (approx. EUR 400) in all public and private health institutions as stated in the Philippine Nursing Act of 2002 and as prescribed under Republic Act No. 6758 or the Compensation and Classification Act of 1989.

Nurses capitalize on their globally in-demand skills, depending on the country open for recruitment, thus their decision to migrate is driven not only by familial influence, but also by global market approaches. For example, Nurse Rose called herself quite »special« and »lucky« because she was able to secure a full-time and permanent position in a Philippine public hospital for more than twenty years and also had about two years of experience in a private hospital. She received huge benefits including a zero-interest loan for her children's tuition fees. The overall salary package was so rewarding that she did not consider moving overseas. »Why would you leave your family behind? Who would want to leave your own country if your status in life is fine?« (interview, October 23, 2014). However, she is currently unemployed and in her late 50s, which is considered a disadvantage when applying within the country and overseas.

In moving across borders, besides the possibility of a higher wage, nurses consider gaining specialized training. Nurse Jackie, for instance, who is in her late thirties, practiced in Bahrain for four years and Australia for

three years and is a licensed nurse in the United States, which means she passed the National Council Licensure Examination (NCLEX) and her credentials are recognized by the Commission on Graduates of Foreign Nursing Schools (CGFNS), the two governing bodies for nurses who want to practice their profession in the United States. Due to her mother's ailing health, she had to go back to the Philippines. After taking care of her parent, she then pursued several applications within and outside the country but was turned down. Although her US licensure is an advantage, the recruitment of Philippine-trained nurses for the United States is currently halted and so she has turned to other doors which are open. However, not all doors are created equal. Given Nurses Rose's and Jackie's age, the Triple Win Project is a perfect opportunity for them because, first of all, there is no age requirement of 30–35 years of age, unlike those of other countries (i.e., Japan, Saudi Arabia, and Canada, as mentioned by the interviewees). Even in public hospitals in the Philippines, the age requirement prevails over experience.

So, it got me thinking, you have extensive experience but because you are over-aged you do not have the hope to continue your profession here. It is ironic. Those who have the position in the hospitals are young without any experience. That's why I am a private nurse now [...] It is bad for our country because the knowledge you gained overseas cannot be utilized here [in the Philippines]. Even though you choose to stay here with a low salary, you are still denied. It is really ironic. (Nurse Jackie interview, October 23, 2014)

Secondly and contrary to the norm, there is no need to pay large sums of money to private recruitment agencies as nurses go through the Triple Win recruitment process. It is one of the main reasons that more than 5,000 Philippine-registered nurses submitted their application through the Triple Win Project. The subject of placement fees in the Philippines has raised concerns among trade unions and would-be migrants themselves. Section 51 of the Revised POEA Rules and Regulations Governing the Recruitment and Employment of Land-based Overseas Filipino Workers

of 2016¹² states that a placement fee can be collected from migrating Filipino laborers corresponding to one month's basic salary, except in countries where laws prohibit collection of fees from workers. PSLink (a trade union in the Philippines concerned with migrant workers' rights, among others) reports that a number of would-be overseas workers who make use of private recruitment agencies pay up to six months of their salary (*Tale of a Journey* 2014, 22:10);¹³ which is a clear violation of Section 51. Some of the workers have already mortgaged their houses, their piece of land, or farm animals in order to raise funds to pay the exorbitant fees demanded by private recruitment agencies. In some cases, when overseas workers reach the countries of destination, they are not paid according to what they are promised in the original contract they signed. Contract substitution is prevalent (ibid.).

Nursing, compared to other health professions, has become a ticket to go abroad and such discourse corresponds to the statistics of the outflow of nurses, as the Philippine Department of Health (DoH) reveals. However, no research has been conducted on certain particularities such as comparing the economic and social gains and the losses of those individuals and families who have invested in nursing. In DoH's back-of-the-envelope calculation, seven out of eight nurses aspire to work overseas but only one makes it; one is successful in finding a nursing position in the Philippines; five work in a different profession; and one is unemployed. One out of eight aspiring nurses actually working overseas does not seem promising. Nevertheless, individuals and families still take the risk and make such an investment, which the DoH considers a very

12 Homepage of the POEA, accessed Feb. 22, 2016, <http://www.poea.gov.ph/laws&rules/files/Revised%20POEA%20Rules%20And%20Regulations.pdf>.

13 A 41-minute documentary *Tale of a Journey: Migrant Health Workers' Voice through Images*, produced by ILO together with the Asia Pacific Film Institute, funded by the European Union, and publicly screened in Manila on Nov. 16, 2014, <https://www.youtube.com/watch?v=mYXQKawIII0>.

expensive venture and assumes was taken out of desperation (DoH interview February 18, 2015).

The discourse of »nursing as a passport« connotes the perceived cross-border transferability of nursing skills in a transnational or global context. This perception goes with the understanding that »the Philippines is one big training ground for novice nurses and we're really producing for the global market« (DoH interview February 18, 2015). Filipino nurses learn to navigate along the processes of capital accumulation and transnationalism through the practices of mobility and flexibility. The global demand for nurses in the past decade has resulted in an increased acceptance by nurses that nursing is a mobile or transferrable skill (Kingma 2006) or an »exportable asset« (Scott et al. 2004, 174) or even »dispensable,« and that their profession is situated firmly in the global labor market (McNeil-Walsch 2010, 190). The Philippine state's regulation of cross-border migration has proved to be a long-standing phenomenon embedded in the culture and society and constituted to achieve economic development.

Defining »Filipino care work« through body work

Qualified nurses in Germany are trained in a three-year vocational course (not at a university level in comparison to that of the curriculum in the Philippines) consisting of approximately 3,300 hours of theoretical training and 2,500 hours of practical training in various hospital sites (IEGUS 2013). Nursing students can choose among three basic specifications: general nurse, elderly care nurse, or child care nurse. Auxiliary nurses are typically trained for one or two years. Nursing education at universities has recently started but is still in the pilot phase. Currently, the system of nurse education is being reformed to a general three-year nursing program and an option to specialize through further education upon completion (ibid.). This form of vocational training provides a challenge to migrants integrating to their workplace as regards access to and contentment with the job, in international comparison (Kovacheva and Grewe 2015).

Migrant bodies are frequently »somatically marked,« racialized, or othered in a discernible manner (Raghuram, Bornat, and Henry 2011, 326). Filipino migrant nurses find themselves grappling with the position of being

foreigners or outsiders due to the language and cultural differences they experience in Germany. This is also the case when they start their new employment as they feel underestimated by their locally hired colleagues. »Because they [the colleagues] are thinking that Philippines is a poor country, they are thinking we have limited knowledge. But as the days passed, they have seen Filipino nurses have a lot of skills and we can do certain procedures which they normally don't,« as Nurse Juan (interview, May 12, 2015; my translation from Filipino) recalls. For instance, »our colleagues do not know how to insert a nasogastric tube,¹⁴ and so they appreciate my skills when I do that.« according to Nurse Leticia.

When there was an emergency, somebody suffered a heart attack, of course I rushed to the patient. The others were amazed, even the doctor, as if they couldn't believe that a nurse could possibly do that. Because in the Philippines, it is a normal procedure for the nurses to rush to the patient. If there's no pulse, do a cardiopulmonary resuscitation¹⁵ immediately. The doctor was surprised when he saw I did the CPR instantly. He was really happy when he saw I took the initiative. We can do that in our job description but perhaps that doctor had not seen any nurse here do that because his reaction was different, as if he was in awe and was very delighted when he witnessed that. My colleagues who saw it were surprised too. So, I am quite pleased because my colleagues saw that nurses from the Philippines have the skills. (Nurse Leticia interview, May 12, 2015; my translation from Filipino)

Filipino migrant nurses carry with them some ideas about how to provide care and a sense of pride due to their level of education. They are selected or hired particularly because of the supposed high level of training they have acquired in the Philippines and they are expected to bring their experience with them to the German health care system.

14 A nasogastric tube (NG tube) is a special tube that carries food and medicine to the stomach through the nose.

15 It is an emergency lifesaving procedure that is done when a person's breathing or heartbeat has stopped.

However, they do not merely transfer what they know, but they learn to adjust to a very systematic procedure, as they start working as nurse assistants while preparing for the state examination that they must take within their first year. They are also expected to be studying for a B2 level German language exam. As nurse assistants, their responsibilities in the hospitals are limited in comparison to what they are used to in Philippine hospital settings. The candidates were warned against doing anything that is not part of their job description even if they know the process of blood transfusion, for example.

Adjusting to the new work conditions and to a »physically, emotionally, and intellectually demanding« job depends primarily on the wards Filipino migrant nurses are assigned to and whether they have the necessary experience required there (Nurse Juan interview May 12, 2015). Nurse Eden reveals how being assigned to a particular ward helped her not only improve her German language speaking skills but also practice the way of caring she knows through communicating with the patients.

I had to adjust myself because I was immediately assigned to an *Intensivstation* [intensive care unit], which I didn't have any experience, plus the *sprache* or language, so I had a difficult time adjusting. After two months, I asked for permission if I could be moved to work in a lower level because my forte is intensive middle but more on *unterhalten* [chatting] because I'm used to speaking with patients. Because in the intensive [unit], patients are sedated so it is difficult to practice, including the *sprache*. And their tools are very much advanced and so I had to adjust big time. But after I had the shift of station, it was better. I can adjust better in this new station I am in now. People are better. I can work alone. (interview, May 13, 2015)

Despite having a similar experience in an intensive care unit, Nurse Rox found the »German way« of caring and treating patients unfamiliar and quite difficult to adjust to at the beginning, precisely because of the difference in the relationship between doctors and nurses.

Because here [in Germany] you think, you decide. In the Philippines, the doctor will order this that, then you do it. Here, you think, for example, the patient is this that, I think what to do, this that, then I will tell the doctor. Here the relationship between doctor and nurse is like partners. In the Philippines, the doctor is like a boss, right? Here, partner. Sometimes, I would suggest, »do you like to give this that?« »Ok, go, you give.« Here, you need to be brainy, you need to think. That's where some people find it difficult because in the Philippines we are used to spoon-feeding. The doctors say, you do. (Nurse Rox interview, May 13, 2015)

Nurses in Germany have the space to decide on how to treat the patients. Doctors rely on nurses' understanding of the situation of the patients because of the nurses' proximity to the corporeal dimension of the patients.

Filipino migrant nurses' daily praxis in German health care facilities then is mostly consumed by adjusting with respect to the direct management of the body of the patient, such as feeding and bathing patients. Nurses trained in the Philippines are not necessarily instructed to perform such basic work; bedside care is typically done by kin of patients, as reflected upon by my interviewees. Although a fundamental part, the corporeal dimension of nursing care, such as washing and cleaning the body of the patient, or offering assistance to basic daily needs, like feeding or positioning a paralyzed patient correctly in bed, becomes a critical point for Filipino migrant nurses to demonstrate their manner of caring. Smiling, communicating well with the patients, and touching their bodies in a therapeutic way help define and differentiate Filipino care work from that of their colleagues. Nurses' proximity to the corporeal dimension of the patient's body contributes not only to their full integration at the workplace but also to the humanization of the patient.

Our head nurse in the station I am working in really appreciates my skills because I am light-hearted in the midst of my serious colleagues. I always smile, that's why the patients I care for are also very happy and they also give some positive feedback of me to our head nurse. So our head nurse told me not to leave the station; I should *bleiben*

(stay) there because I make the patients happy. And she said my aura is different when it comes to care and patients. So I said ok, *zufrieden* (I am satisfied). (Nurse Eden interview, May 13, 2015)

Defining and differentiating Filipino care work means treating the patients as if they are members of a family, especially when patients are terminally ill or facing death. Filipino nurses assess if patients need time or someone to talk to and so they make sure they are well supervised and taken care of. Filipino care work practiced in Germany is ascribed to the relationship nurses build with the corporeality of the patients. To some extent, the idealization of Filipino care work is necessitated precisely because Philippine-trained nurses »are not identified as an individual, but as a Filipino nurse, as a group,« Nurse Leticia explains.

The personality of a Filipino is what they appreciate, what is emphasized. When a Filipino handles a German patient, it is being marked. No one among the patients we worked with said they are not satisfied or they do not like us. You will see that our way of caring is different. As you enter the patient's room, they feel it's like sunshine. Because you know us Filipinos, even though we have problems, we smile. We radiate a positive aura. The patients I work with are dying, normally depressed, and always in bed. So even if you know their days are numbered, you somehow make them feel you are part of their lives. That's why they are happy. When you are not around, they will look for you. (Nurse Agnes interview, May 12, 2015; my translation from Filipino)

Filipino migrant nurses articulate that they feel like »European nurses« not only because of the paper recognition but also of their skills and knowledge being appreciated and validated through their interaction with local patients and their relationships with colleagues. »You really have to prove yourself to the Germans, to other foreigners, »yes, Filipinos, [we are] very good in caring, competitive at work,« as Nurse Eden (interview, May 13, 2015) expresses. Opportunities for career growth, such as training or seminars offered, suggest equal treatment between Triple Win nurses and their local colleagues.

Concluding thoughts

This article sits at the nexus between two bodies of work, health and care work and migration research, which both acknowledge the intensifying globalization of care work. The commodification of Filipino care work has essentialized nurses to embody an invaluable capital of combined body work and transferable skills. By looking at the emigration context, we have seen how such capital is, first of all, imagined and second, perceived to be transferable across borders. The patient's body is the object and the heart of nursing work. This article therefore has focused on the juncture where care is essentially supplied, given meaning, and even differentiated. The case of Filipino nurses employed overseas offers an interesting view of how care and body work have been utilized to express their own understanding of care provision. The contribution of this paper has been to delve into the nexus of migration, body, and care in which Filipino migrant nurses in German health facilities articulate their body and care work and what it means to be a Filipino nurse through their interaction with local patients.

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